

check Diane's

current N 3 R  
S 2 R

# RCRIS UNIVERSE MAINTENANCE FORM

EPA ID P A D 0 7 3 7 3 4 5 0 1

Facility Name Domino Salvage

Source: (N) (A) (S) (E)

Notification Date 2/10/92

Waste Activity	Type	RCRA Reg Status	RCRA Reg Description
Generator	<u>3</u>	<u>N</u>	<u>8</u>
Transporter	_____	_____	_____
TSD	_____	_____	_____
Burner	_____	_____	_____
HWF Market to Blender _____		HWF Other Market _____	HWF Burner _____
OSO Market to Burner _____		OSO Other Market _____	OSO Burner _____
SO ACT:			
Burner Type: Utility Boiler _____		Industrial Boiler _____	Furnace _____
Underground Injection Control:			
Recycler:			
Mode of Transportation: Air _____ Rail _____ Highway _____ Water _____			
Other _____			

Process Code Information  
Source E or S (circle correct one)

PROCESS CDE/SEQ	COMM AVAIL	AMT TYPE	STATUS	AMOUNT	UOM	NO. OF UNITS	REPORT DATE
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

_____ IR Inspection report	_____ Affidavit from the facility
_____ Revised Notification from the state	_____ Affidavit from the state
_____ Revised Notification from the facility	<u>X</u> Biennial report
_____ EPA clean closure certificate	_____ Documentation not required
_____ State documentation certifying clean closure	
_____ Other	Date to Data Entry _____
_____	Batch Number _____
_____	Date QAd _____

055  
note to TROY/Diane  
this facility's  
no record will  
change, but  
not 'S' record.

121

EPA Region III, July 1993 APR 11 1994

*check Diane's first*

current W 3 R 546  
S 2 R

# RCRIS UNIVERSE MAINTENANCE FORM

EPA ID P A D 0 7 3 7 3 4 5 0 1

Facility Name Domino Salvage

Source: N A S E

Notification Date 2/10/92

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Waste Activity	Type	RCRA Reg Status	RCRA Reg Description
Generator	<u>3</u>	<u>N</u>	<u>8</u>
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SO ACT:			
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Recycler:			
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Other _____			

**Process Code Information**  
Source **E** or **S** (circle correct one)

PROCESS CDE/SEQ	COMM AVAIL	AMT TYPE	STATUS	AMOUNT	UOM	NO. OF UNITS	REPORT DATE
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

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_____	Batch Number _____
_____	Date OAd <b>APR 25 1994</b>

121 \* ■

EPA Region III, July 1993 **APR 11 1994**

Region

NO  
LQG - N N

P	A	D	0	7	3	7	3	4	5	0	1
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1991 Hazardous Waste Report

**FORM**  
**IC**

# IDENTIFICATION AND CERTIFICATION

FEB 10 1992

**INSTRUCTIONS:** Read the detailed instructions beginning on page 6 of the 1991 Hazardous Waste Report booklet before completing this form.

Information MGM  
Section

YR.

Page 1 of 2

<b>Sec. VI - Generator Status</b>		EPA ID NO. <span style="border: 1px solid black; padding: 2px;">P A D 0 7 3 7 3 4 5 0 1</span>																																																																	
<b>A. 1991 RCRA generator status</b> Instruction page 7 (CHECK ONE BOX BELOW)	<b>B. Reason for not generating</b> Page 9 (CHECK ALL THAT APPLY)																																																																		
<input type="checkbox"/> 1 LQG <input type="checkbox"/> 2 SOG (SKIP TO SEC. VII) <input type="checkbox"/> 3 CESQG <input checked="" type="checkbox"/> 4 Non generator (CONTINUE TO BOX B)	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> 1 Never generated  <input type="checkbox"/> 2 Out of business  <input type="checkbox"/> 3 Only excluded or delisted waste         </div> <div style="width: 48%;"> <input checked="" type="checkbox"/> 4 Only non-hazardous waste  <input type="checkbox"/> 5 Periodic or occasional generator  <input type="checkbox"/> 6 Waste minimization activity  <input type="checkbox"/> 7 Other (SPECIFY COMMENTS IN BOX BELOW)         </div> </div>																																																																		
<b>Sec. VII - On-Site Waste Management Status</b>																																																																			
<b>A. RCRA permitted or interim status storage</b> Instruction page 10 <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 10px;"></div>	<b>B. RCRA permitted or interim status treatment, disposal, or recycling</b> Page 10 <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 10px;"></div>	<b>C. RCRA-exempt treatment, disposal, or recycling</b> Page 11 <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 10px;"></div>																																																																	
<b>Sec. VIII - Waste Minimization Activity during 1990 or 1991</b>																																																																			
<b>A. Did this site begin or expand a <u>source reduction</u> activity during 1990 or 1991?</b> Instruction page 11 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<b>B. Did this site begin or expand a <u>recycling</u> activity during 1990 or 1991?</b> Page 12 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<b>C. Did this site systematically investigate opportunities for <u>source reduction or recycling</u> during 1990 or 1991?</b> Page 12 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No																																																																	
<b>D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional <u>source reduction</u> activities in 1990 or 1991?</b> Page 12 (CHECK YES OR NO FOR EACH ITEM)																																																																			
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**Comments:** This site was included in the 1991 Hazardous Waste Report mailing list, apparently in error. This form IC has been filled out in accordance with instructions from Mr. Robert Finkle, DER Solid Waste Specialist

# RCRIS UNIVERSE MAINTENANCE FORM

EPA ID

P | A | D | 0 | 7 | 3 | 7 | 3 | 4 | 5 | 0 | 1

Facility Name

DOMINO SALVAGE INC

Source: N A (S) E

Notification Date

2/16/94

Waste Activity	Type	RCRA Reg Status	RCRA Reg Description
Generator	<u>2</u>	<u>R</u>	
Transporter			
TSD			
Burner			
HWF Market to Blender		HWF Other Market	HWF Burner
OSO Market to Burner		OSO Other Market	OSO Burner
SO ACT:			
Burner Type: Utility Boiler		Industrial Boiler	Furnace
Underground Injection Control:			
Recycler:			
Mode of Transportation: Air    Rail    Highway    Water			
Other			

## Process Code Information

Source **E** or **S** (circle correct one)

PROCESS CDE/SEQ	COMM AVAIL	AMT TYPE	STATUS	AMOUNT	UOM	NO. OF UNITS	REPORT DATE

<input checked="" type="checkbox"/> IR Inspection report	<input type="checkbox"/> Affidavit from the facility
<input type="checkbox"/> Revised Notification from the state	<input type="checkbox"/> Affidavit from the state
<input type="checkbox"/> Revised Notification from the facility	<input type="checkbox"/> Biennial report
<input type="checkbox"/> EPA clean closure certificate	<input type="checkbox"/> Documentation not required
<input type="checkbox"/> State documentation certifying clean closure	
<input type="checkbox"/> Other	
<p><b>MAR 22 1994</b></p> <p>Date to Data Entry</p> <p>Batch Number <u>117</u></p> <p>Date QAd <b>APR 1 1994</b></p>	

# EVALUATION - VIOLATION - ENFORCEMENT FORM

Form V2.0

Handler ID Number		Handler Type	
P:AD 073734501		LDF( ) TSF( ) INC( ) LQG <input checked="" type="checkbox"/> SQG( ) CEG( ) TRA( )	
Handler Name		Contact Name	Date Submitted
DOMINO SALVAGE INC.		ANDREW SAPIA	02/17/94
Street		City	
1251 CONSHOHOCKEN ROAD		CONSHOHOCKEN	

EVALUATION		Add <input checked="" type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>			
Date	Number	Agency	Type	Reason	Branch	Person	
021694		\$	C E I			P.A.B.M.K.	

AREAS OF EVALUATION ( E - Evaluated NE - Not Evaluated NA - Not Applicable )							
GER <input type="checkbox"/>	GPT <input type="checkbox"/>	GBF <input type="checkbox"/>	TWD <input type="checkbox"/>	DGS <input type="checkbox"/>	DLT <input type="checkbox"/>	DPB <input type="checkbox"/>	DWP <input type="checkbox"/>
GGR <input checked="" type="checkbox"/>	GRR <input type="checkbox"/>	TGR <input type="checkbox"/>	DCH <input type="checkbox"/>	DGW <input type="checkbox"/>	DMC <input type="checkbox"/>	DPP <input type="checkbox"/>	DBF <input type="checkbox"/>
GLB <input checked="" type="checkbox"/>	GSC <input type="checkbox"/>	TMR <input type="checkbox"/>	DCL <input type="checkbox"/>	DIN <input type="checkbox"/>	DMR <input type="checkbox"/>	DSI <input type="checkbox"/>	CAS <input type="checkbox"/>
GMR <input checked="" type="checkbox"/>	GSQ <input checked="" type="checkbox"/>	TOR <input type="checkbox"/>	DCP <input type="checkbox"/>	DLB <input type="checkbox"/>	DOR <input type="checkbox"/>	DTR <input type="checkbox"/>	FEA <input type="checkbox"/>
GOR <input type="checkbox"/>	GEX <input checked="" type="checkbox"/>	TRR <input type="checkbox"/>	DFR <input type="checkbox"/>	DLF <input type="checkbox"/>	DOT <input type="checkbox"/>	DTT <input type="checkbox"/>	CSS <input type="checkbox"/>
Comments <u>NOTIFYING AS SQG</u>							

[illegible]

VIOLATION		Add	Change	Delete	Link to Above Evaluation? (Y/N)			
Agency	Number	Area	Class	Regulation Type	Regulation Citation			
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>			
Date Determined		Priority	Branch	Person	Returned to Compliance Scheduled		Actual	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	
Comments <input type="text"/>								

VIOLATION		Add	Change	Delete	Link to Above Evaluation? (Y/N)			
Agency	Number	Area	Class	Regulation Type	Regulation Citation			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
	Date Determined	Priority	Branch	Person	Returned to Compliance Scheduled		Actual	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	
Comments <input type="text"/>								

☐ Required    ☐ Required if pertinent    ☐ Required only for previously reported data    ☐ Not Required by EPA

I.R

Hazardous Waste Inspection Report  
Generators - Part ANEVER INSPECTED  
GENERATOR (NIG)

Date of inspection FEB. 16, 1994 Time start 10:50 AM Time finish 12:15 pm  
 Name of inspector BRIAN M. KOSOWSKI  
 Company, installation name DOMINO SALVAGE INC.  
 Location 1251 CONSHOHOCKEN ROAD  
 County MONTGOMERY Municipality PLYMOUTH TWP  
 Identification number PADO73734501  
 Name of responsible official ANDREW SABIA  
 Title PRESIDENT  
 Mailing address SAME  
 Area code and telephone number (215) 275-1580  
 Name of person interviewed A. SABIA  
 Title \_\_\_\_\_  
 Mailing address (if different from above) \_\_\_\_\_  
 Area code and telephone number \_\_\_\_\_

## 1. Current waste handling method:

- |    |  |                                     |                                   |  |   |
|----|--|-------------------------------------|-----------------------------------|--|---|
| a. | <input type="checkbox"/> On-site             | <input type="checkbox"/> treatment, | <input type="checkbox"/> storage, | <input type="checkbox"/> disposal            | <input type="checkbox"/> PBR                |
| b. | <input type="checkbox"/> On-site             | <input type="checkbox"/> use,       | <input type="checkbox"/> reuse,   | <input type="checkbox"/> recycle,            | <input type="checkbox"/> reclaim            |
| c. | <input checked="" type="checkbox"/> Off-site | <input type="checkbox"/> treatment, | <input type="checkbox"/> storage, | <input type="checkbox"/> disposal            |   |
| d. | <input checked="" type="checkbox"/> Off-site | <input type="checkbox"/> use,       | <input type="checkbox"/> reuse,   | <input checked="" type="checkbox"/> recycle, | <input checked="" type="checkbox"/> reclaim |

## 2. Amount of hazardous waste produced:

- a. < 100 kg/mo. kg./mo.  
 b. < 1200 kg/yr kg./yr.

## 3. Types of hazardous waste produced by Hazardous Waste Number and destination facility (include location and type).

Waste Number	Destination Facility	Location and Type
D001	SAFETY KLEEN - WEST CHESTER	PAD000738849 RECLAIM

Hazardous Waste Inspection Report  
Generators - Part B

1 - No Violation Observed				2 - Not Applicable	3 - Not Determined	4 - Non-Compliance
Status				REQUIREMENT		Chapter Citation
1	2	3	4			262
✓				Hazardous waste determination, copies available		.11
✓				Identification number		.12(a)
✓				Hazardous waste shipments offered only to licensed transporters		.12(d)
✓				Authorization received from TSD facility for wastes shipped off-site		.13
	✓			PA manifest used for intrastate shipments		.20(b)
	✓			Disposer state manifest or EPA format manifest used for out-of-state shipments		.20(c)
	✓			Manifests filled out properly and completely		.20(g), .23(g), b)
	✓			Manifests routed properly and within time limits (7 days)		.23(c, d, f, g, 1)
	✓			Proper U.S. DOT shipping containers or packages		.30(1)
	✓			Shipping containers marked and labeled according to U.S. DOT		.30(2)
	✓			Containers of 110 gal. or less marked with required PA label		.30(3)
	✓			Placards offered to transporter		.33
	✓			Wastes accumulated on-site for less than 90 days		.34(1)
	✓			Wastes stored in proper containers and properly marked and labeled		.34(2)
	✓			Containers managed in accordance with 265.171-.177		.34(3)
	✓			Containers clearly marked with accumulation date and visible for inspection		.34(4)
	✓			Records retained at designated location for 20 years		.40
	✓			Quarterly reports submitted to the Department		.41
	✓			Exception reporting procedures followed		.42
	✓			Hazardous waste disposal plan, if required		.45
	✓			Spill reporting procedures followed		.46(a)
	✓			Preparedness, Prevention and Contingency Plan and implemented 265.51-.54		.34(a)(5), .46(e)
	✓			Special requirements followed for international shipments		50.53.55.60
	✓			On the job or classroom personnel training program 265.16		.34(a)(5)
	✓			Drum accumulation area inspected weekly as per 265.174		.34(a)(3)
	✓			Manifests legible (all copies)		.23(h)
	✓			Tanks managed in accordance with 265.190-.195		.34(a)(2)
	✓			Preparedness and Prevention as per 265.31-.37		.34(a)(5)
	✓			Emergency Procedures as per 265.55-.56		.34(a)(5)



Hazardous Waste Inspection Report  
Land Disposal Restriction Supplemental Checklist

1-No Violation Observed				2-Not Applicable	3-Not Determined	4-Non-Compliance
Status				REQUIREMENT		Citation
1	2	3	4			40 CFR Part 268
				<b>Generators</b>		
✓				Notification sent with shipments of wastes that do not meet treatment standards.		7(a)(1)
✓				Notification and certification sent with shipments of wastes meeting treatment standards.		7(a)(2)
✓				Dilution not used as a substitute for treatment.		3
✓				Records maintained of notifications, certifications, waste analysis, and documentation supporting use of knowledge for waste classification.		7(a)(5), (a)(6)
				<b>Storage Facilities</b>		
				Facility verifies generators classification of waste in accordance with waste analysis plan.		25 Pa Code 265.13(c)
				Containers marked to identify contents and accumulation date.		50(a)(2)
				Notification sent with shipments of wastes that do not meet treatment standards.		7(a)(1)
				Notification and certification sent with shipments of wastes meeting treatment standards.		7(a)(2)
				Facility maintains records of documents produced pursuant to LDR requirements.		7(a)(6)
				<b>Treatment Facilities, including PBR and RRR Facilities</b>		
				Dilution not used as a substitute for treatment.		3
				Facility tests wastes or treatment residues to determine compliance with applicable treatment standards in accordance with waste analysis plan.		7(b)
				Certification and/or notification sent with shipments of waste.		7(b)(4), (b)(5), (b)(6)
				<b>Land Disposal Facilities</b>		
				Facility tests wastes received to assure compliance with applicable treatment standards.		7(c)(2)
				Facility land disposes of restricted waste only if it meets applicable treatment standard.		40
				Facility retains copies of generator notifications and certifications.		7(c)(1)

## Inspection Report Comments

Date of Inspection FEB. 16, 1994Identification Number PAD073734501Company/Facility/Site Name DOMINO SALVAGE INC.

AN INSPECTION WAS PERFORMED AT DOMINO SALVAGE INC.  
BY BRIAN KOSOWSKI ON FEB. 16, 1994. ~~THE~~ THE PURPOSE OF THIS  
VISIT WAS TO PERFORM A HAZARDOUS WASTE GENERATOR EVALUATION.  
ANDREW SABIA WAS PRESENT ON THIS DATE.

DOMINO SALVAGE INC. NOTIFIED THE EPA AS A LARGE  
QUANTITY HAZARDOUS WASTE GENERATOR ON 12-29-89. A COPY  
OF THE NOTIFICATION WAS REVIEWED DURING THE INSPECTION.  
ANDREW SABIA NOTED THAT THE COMPANY ONLY GENERATES A FEW  
GALLONS OF HAZARDOUS WASTE EACH MONTH AND SHOULD BE  
LISTED AS A SMALL QUANTITY GENERATOR.

TWO PART WASHING UNITS ARE USED AT THIS LOCATION.  
THE PART WASHER USED IN THE TIRE PROCESSING AREA GENERATES  
APPROXIMATELY 5-10 GALLONS OF DPOOL WASTE EVERY SIX WEEKS.  
THE PART WASHER USED IN THE QUARRY AREA GENERATES  
APPROXIMATELY 25-50 GALLONS OF DPOOL WASTE PER MONTH.

THE SAFETY KLEEN CONTRACT AND COPIES OF THE  
SAFETY KLEEN SERVICE/SALES AGREEMENT/ACKNOWLEDGEMENT  
WERE REVIEWED ON THIS DATE.

DOMINO SALVAGE INC. APPEARED TO MEET THE SMALL QUANTITY  
GENERATOR REGULATORY REQUIREMENTS BUT FAILED TO COMPLY WITH

*In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements.*

*This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. The findings of this inspection are shown in this report. This inspection report shall serve a formal notification of any violations which were observed during the inspection. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Additional notification may be forthcoming, concerning any violations indicated herein and listing any additional violations.*

*This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.*

*Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.*

Person interviewed (signature) \_\_\_\_\_

Date \_\_\_\_\_

Inspector (signature) \_\_\_\_\_

Date \_\_\_\_\_

Page 4 of 5

## Inspection Report Comments

Date of Inspection FEB. 16, 1994 Identification Number PAD 073B4501  
Company/Facility/Site Name DOMINO SALVAGE INC.

ALL LARGE QUANTITY REQUIREMENTS. IT IS SUGGESTED  
THAT DOMINO SALVAGE EITHER RE-NOTIFY AS A SMALL QUANTITY  
GENERATOR OR MEET ALL LARGE QUANTITY GENERATOR  
REQUIREMENTS BY MARCH 1, 1994. A COPY OF THE EPA  
NOTIFICATION FORM AND PA SUPPLEMENT WERE PROVIDED ON THIS  
DATE. IT IS SUGGESTED THAT THE FORMS BE SENT TO THE  
LOCATIONS LISTED IN THE NOTIFICATION FORMS AND COPIES  
BE SENT TO THIS OFFICE.

*In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements.*

*This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. The findings of this inspection are shown in this report. This inspection report shall serve a formal notification of any violations which were observed during the inspection. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Additional notification may be forthcoming, concerning any violations indicated herein and listing any additional violations.*

*This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.*

*Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.*

Person interviewed (signature) Date 2/16/94Inspector (signature) Brian M. KosowskiDate 2/16/94Page 5 of 5

Please refer to the instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

FEB 25 1994

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒B. Subsequent Notification  
(Complete Item C)

## C. Installation's EPA ID Number

P A D 0 7 3 7 3 4 5 0 1

## II. Name of Installation (Include company and specific site name)

D o m i n o S a l v a g e I n c.

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1 2 5 1 C o n s h o c k e n R o a d

Street (Continued)

City or Town

C o n s h o c k e n

State

P A

Zip Code

1 9 4 2 8 - 1 0 3 0

County Code

County Name

M o n t g o m e r y

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

1 2 5 1 C o n s h o c k e n R o a d

City or Town

C o n s h o c k e n

State

P A

Zip Code

1 9 4 2 8 - 1 0 3 0

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

S a b i a

(First)

A n d r e w

Job Title

P r e s i d e n t

Phone Number (Area Code and Number)

6 1 0 - 2 7 7 - 7 2 7 4

## VI. Installation Contact Address (See Instructions)

A. Contract Address

Location Mailing Other

☐ ☒ ☐

B. Street or P.O. Box

City or Town

State

Zip Code

-

## VII. Ownership (See Instructions)

## A. Name of Installation's Legal Owner

D o m i n o S a l v a g e I n c

Street, P.O. Box, or Route Number

1 2 5 1 C o n s h o c k e n R o a d

City or Town

C o n s h o c k e n

State

P A

Zip Code

1 9 4 2 8 - 1 0 3 0

Phone Number (Area Code and Number)

6 1 0 - 2 7 7 - 7 2 7 4

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month

Day

Year



EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.

change contact, owner address, type

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM  
MAINTENANCE FORM FOR EPA NOTIFICATION

EPA-ID# 1P1A1D1D1713171314151D111 Date: 3-8-94

FACILITY NAME Domino Salvage Inc

New Facility Name

Name Change \_\_\_\_\_

Location of Installation

Street \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County Code \_\_\_\_\_ County Name \_\_\_\_\_

Installation Mailing Address

Street \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Installation Contact

Last Name Sabia First Andrew

Job Title President Phone # (610) 277-7274

Street \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ownership

Name of Legal Owner \_\_\_\_\_

Street 1251 Conshocken Road

City/Town Conshocken State PA Zip 19428

Phone # (610) 277-7274 Land Type \_\_\_\_\_ Owner Type \_\_\_\_\_

Waste Codes

Delete Old Waste Codes

Add New Waste Codes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Updated in RCRIS by RR Date 3/17/94

085 3/23

Waste Activity	Type	RCRA Reg. Status	RCRA Reg. Desc.
Generator	<u>3</u>	_____	_____
TSD	_____	_____	_____
Transporter	_____	_____	_____
Mode of Transportation:			
Air	Rail	Highway	Water
_____	_____	_____	_____
Other	_____		
Burner/Blender	B Boiler and/or Industrial Furnace (BIF) only. D BIF only; Smelter Deferral. E BIF only; Small Quantity Exemption claimed. N Not a Burner/Blender, Verified. X Other Burner/Blender Activity. Blank Unverified.		
HWF Market to Burner	X Code indicates that the handler is a generator engaged in marketing to burners of hazardous waste fuel activities. Blank No activity.		
HWF Other Market	X Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner.		
HWF Burner	B Boiler and/or Industrial Furnace. X Indication of activity.		
OSO Market to Burner	X Code indicates that the handler is a generator engaged in marketing to burners of off-spec. used oil fuel.		
OSO Other Market	X Code indicates that the Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner (e.g., marketing to used oil refinery).		
OSO Burner	B Boiler and/or Industrial Furnace. X Indication of Activity.		
SO ACT:	Code indicating that the handler is engaged in marketing of specification fuel oil activities. B Boiler and/or Industrial Furnace. X Indication of Activity.		
Burner Types	Utility Boiler _____ Industrial Boiler _____ Ind. Furnace _____		
Underground Injection Control	X Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation.		
Recycler:	C Commercial R Non-Commercial Recycler N Not a Recycler, Verified Blank Not a recycler, unverified.		



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY**

01/25/90

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->	PAD073734501
FACILITY NAME ->	DOMINO SALVAGE INC
MAILING ADDRESS ->	1251 CONSHOHOCKEN CONSHOHOCKEN, PA 19428
INSTALLATION ADDRESS ->	1251 CONSHOHOCKEN CONSHOHOCKEN, PA 19428

EPA Form 8700-12AB (4-80)Z

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION III  
841 CHESTNUT BUILDING  
PHILADELPHIA, PA 19107

ATTN: INTEGRATED MANAGEMENT AND SUPPORT SECTION - 3HW53

**TO: HUMES TIM VP  
DOMINO SALVAGE INC  
1251 CONSHOHOCKEN  
CONSHOHOCKEN, PA 19428**



# MATERIAL SAFETY DATA SHEET

SAFETY-KLEEN CORP.

777 Big Timber Rd.

Elgin, IL 60120



IDENTITY (As Used on Label and List)

Safety-Kleen 105 Solvent-MS

Note: Blank spaces are not permitted. If any item is not applicable, or no information is available, the space must be marked to indicate that.

## Section I

Part #6617

Manufacturer's Name

Safety-Kleen Corp.

Emergency Telephone Number

312/697-8460

Address (Number, Street, City, State, and ZIP Code)

777 Big Timber Road

Telephone Number for Information

312/697-8460

Elgin, Illinois 60120

Date Prepared

11/6/85

Signature of Preparer (optional)

## Section II -- Hazardous Ingredients/Identity Information

Hazardous Components (Specific Chemical Identity, Common Name(s))	OSHA PEL	ACGIH TLV	Other Limits Recommended	% (optional)
Mineral Spirits	500 ppm	100 ppm	-	99.9+
Dye	Unk.	Unk.	-	0.003
Anti-Static Agent	Unk.	Unk.	100 est.	1 ppm

## Section III -- Physical/Chemical Characteristics

Boiling Point	310-400°F	Specific Gravity (H <sub>2</sub> O = 1)	0.775-0.795
Vapor Pressure (mm Hg.) @ 68°F	2	Melting Point	N/A
Vapor Density (AIR = 1)	4.9	Evaporation Rate (Toluene = 1)	0.2

Solubility in Water

Negligible.

Appearance and Odor

Clear green liquid with characteristic hydrocarbon odor.

## Section IV -- Fire and Explosion Hazard Data

Flash Point (Method Used)	105°F TCC	Flammable Limits	LEL 0.7	UEL 6.0
---------------------------	-----------	------------------	---------	---------

Extinguishing Media

CO<sub>2</sub>, foam, dry chemical, water (mist only)

Special Fire Fighting Procedures

None.

Unusual Fire and Explosion Hazards

None.

**Section V -- Reactivity Data**

Stability	Unstable		Conditions to Avoid
	Stable	X	Heat, sparks, flame and fire.

Incompatibility (Materials to Avoid)

Strong oxidizing agents.

Hazardous Decomposition or Byproducts

Normally none; however, incomplete burning may yield carbon monoxide.

Hazardous Polymerization	May Occur		Conditions to Avoid
	Will Not Occur	X	

**Section VI -- Health Hazard Data**

Route(s) of Entry:	Inhalation? yes	Skin? no	Ingestion? yes
--------------------	--------------------	-------------	-------------------

Health Hazards (Acute and Chronic)

Skin - can cause drying of skin. Eyes - severe irritant. Inhalation - excessive inhalation can cause headache, dizziness and nausea. Ingestion - harmful or fatal if swallowed.

Carcinogenicity:	NTP?	IARC Monographs?	OSHA Registered?
------------------	------	------------------	------------------

Not a known or potential carcinogen.

Signs and Symptoms of Exposure

Drying of skin, eye irritation, headache, dizziness, nausea.

Medical Conditions

Adversely Affected by Exposure Unknown.

Emergency and First Aid Procedures

Skin - Wash with soap and water. Eyes - Irrigate with water. Inhalation - Remove to fresh air source and call a physician. Ingestion - DO NOT induce vomiting. Call a physician.

**Section VII -- Precautions for Safe Handling and Use**

Steps to Be Taken in Case Material Is Released or Spilled

Catch and collect for recovery as soon as possible. Avoid exposure to sparks, fire, flame, hot surfaces.

Waste Disposal Method

Dispose of in accordance with company, local, state and federal regulations.

Precautions to Be Taken in Handling and Storing

Combustible. Keep away from heat, sparks, flame. Use with adequate ventilation. Avoid long and repeated contact with skin. If clothes are inadvertently saturated with solvent-

Other Precautions

DO NOT SMOKE- keep away from ignition sources. Keep out of reach of children.

**Section VIII -- Control Measures**

Respiratory Protection (Specify Type)

Self-contained breathing apparatus for concentrations above TLV limits.

Ventilation	Local Exhaust	Special
	Normal room ventilation.	None.
	Mechanical (General)	Other
	None.	None.

Protective Gloves In cases of prolonged contact, wear rubber gloves.

Eye Protection

Yes - eyeglasses, safety glasses.

Other Protective Clothing or Equipment

Environmental Precautions

Do not release into the environment.

Please refer to the *instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



## Notification of Hazardous Waste Activity

**For Official Use Only**

### Comments

[illegible]

### **I. Name of Installation**

D	o	m	i	n	o	S	a	l	v	a	g	e	I	n	c
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

## II. Installation Mailing Address

Street or P.O. Box

[illegible]

### III. Location of Installation

Street or Route Number

C	Name																		
B																			
	City or Town															State		ZIP Code	
C																			
A																			

#### IV. Installation Contact

Name and Title (Last, first, and job title)

Phone Number (area code and number)

2	Tim	Humes				W	P				215	275	150
---	-----	-------	--	--	--	---	---	--	--	--	-----	-----	-----

## V. Ownership

2. A. Name of Installation's Legal Owner

B. Type of Ownership (enter code):

DOMINO	SALVAGE	INC.	Corp
--------	---------	------	------

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

### A. Hazardous Waste Activity

### B. Used Oil Fuel Activities

<input checked="" type="checkbox"/> 1a. Generator <input type="checkbox"/> 2. Transporter <input type="checkbox"/> 3. Treater/Storage/Disposer <input type="checkbox"/> 4. Underground Injection <input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter "X" and mark appropriate boxes below) <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner	<input type="checkbox"/> 1b. Less than 1,000 kg/mo.  <input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter "X" and mark appropriate boxes below) <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner  <input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (for On site Burner) Who First Claims the Oil Meets the Specification
---	--

**VII. Waste Fuel Burning: Type of Combustion Device** (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ **A. Utility Boiler**☐ B. Industrial Boiler☐ C. Industrial Furnace

**VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))**

☐ A. Air    ☐ B. Rail    ☐ C. Highway    ☐ D. Water    ☐ E. Other (specify) \_\_\_\_\_

### **IX. First or Subsequent Notification**

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒ A. First Notification      ☐ B. Subsequent Notification (complete item C)

ID — For Official Use Only																
C															T/A	C
W																1

# X. Description of Hazardous Wastes (continued from front)

**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

**B. Hazardous Wastes from Specific Sources.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**C. Commercial Chemical Product Hazardous Wastes.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

**D. Listed Infectious Wastes.** Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

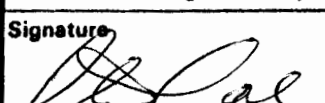
49	50	51	52	53	54

**E. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable (D001)
 ☐ 2. Corrosive (D002)
 ☐ 3. Reactive (D003)
 ☐ 4. Toxic (D000)

# XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) Steve Dore Mechanic	Date Signed 12-6-89
---	--	------------------------

Gen TO 896



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

<p>+</p> <p><b>PAD073734501</b></p> <p><b>DOMINO SALVAGE INC</b> <b>1251 CONSHOHOCKEN</b> <b>CONSHOHOCKEN, PA 19428</b> <b>ANDREW SABIA PRES</b></p> <p><b>1251 CONSHOHOCKEN</b> <b>CONSHOHOCKEN, PA 19428</b></p>
--

INSTALLATION ADDRESS